

Meeting Notes
Framework for Payment Subcommittee Meeting
November 30, 2011

Members present- **Dr. Doug Carr**, Billings Clinic; **Dr. Paul Cook**, Rocky Mountain Health Network; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Dr. Jay Larson**, Independent Provider; **Paul Pritchard for Kirsten Mailloux**, EBMS; **Bob Marsalli**, Montana Primary Care Association; **Bill Pfingsten**, Bozeman Deaconess Health Group; **Dr. Tom Roberts**, Western Montana Clinic; **Dr. Bob Shepard**, New West Health Services; **Dr. Jerry Speer**, Benefis Health System;

Interested parties present- **Will Robinson**, NCQA; **JP Pujol**, New West; **Cindy Stergar**, CHC-Butte Silver Bow Primary Care Clinic; **Janice Mackenson**, Mountain Pacific Quality Health;

CSI staff present- Christine Kaufmann, Amanda Roccabruna Eby

The meeting was called to order by Chairman, Dr. Doug Carr at 2:55pm

1. Roll call and review of notes

Notes were approved to be submitted to the advisory council without comment.

2. Response to the recent draft of framework for payment

Dr. Carr reviewed each section of the document and highlighted the changes that were made in the last meeting. He received additional comments from council members since the last meeting, incorporated those, and the newest draft labeled 11/28/11, is now posted on the website.

Members raised issues with the quality section of the payment schema and whether or not payments for reporting should be annual. Members suggested payments based on population that would depend on the number of patients attributed to each payer. Members also discussed agreeing on a baseline minimum benchmark for practices to meet as they enter the program so they could begin receiving payment for performance rather than reporting. Payment schema for benchmarks needs to be flexible enough to accommodate practices at all levels to be able to participate. Members also discussed the need to eventually decide on a ceiling for payments when practices' improvement plateaus.

Dr. Carr will incorporate the suggestions into a new document and distribute it next week.

3. Template for future contracts under medical home

CSI recently posted examples of contracts from Maryland and Colorado for members to review before the meeting.

Members agreed that Colorado's much simpler contracts are what we should model our contract after, rather than Maryland's that was much more complex. The template for the

contract between the payers and providers that the subcommittee will develop should be as clear, simple, and short as possible while still covering all the legal issues and addressing all of the aspects included in the framework for payment we are working on now.

The group agreed that there is value in creating a uniform template to make it easier for payers and providers to create more of a level playing field. The subcommittee will work on developing an initial template to work from and elicit recommendations from the payers on the council.

4. Additional items

Members discussed the request from CMS to all those who submitted a letter of intent for more specific details .

5. Next steps

The subcommittee will proceed with further work on the framework for payment as Dr. Carr distributes a new draft next week. Research on other states' contracts will continue as the committee begins work on developing an initial template contract for Montana.

Next meeting- December 14th